

PREMIER MARINE - MARINE PLEASURECRAFT APPLICATION

QUOTE BIND REQUESTED EFFECTIVE DATE:

INSURED(S):

REGISTERED OWNER:

ADDRESS:

CITY:

STATE:

ZIP:

RES PHONE:

BUS PH:

EMAIL:

DATE(S) OF BIRTH:

OCCUPATION:

EMPLOYER:

YEARS AS OWNER OF A BOAT:

YEARS AS OPERATOR/CREW:

PREVIOUS INSURER (THIS OR PRIOR BOATS):

POLICY NO.:

EXPIRY DATE:

SIZE AND TYPE OF PREVIOUS BOATS (Describe):

BOATING EDUCATION & COURSES:

MEMBER OF CRUISING CLUB:

BOATING LOSSES IN PAST 3 YEARS (CLAIMED OR OTHERWISE – GIVE DATE AND DESCRIPTION):

INSURED VESSEL INCL. MAIN MOTOR

MANUFACTURER:

MODEL:

YEAR:

SERIAL#:

REGISTRATION#:

LENGTH:

DATE PURCHASED:

TOTAL PURCHASE PRICE: \$

CURRENT MARKET VALUE (Vessel + Main Motor): \$

MAIN MOTOR:

MAKE:

YEAR:

SERIAL #:

HP:

VALUE: Include Above

AUXILIARY MOTOR:

MAKE:

YEAR:

SERIAL #:

HP:

VALUE: \$

DINGHY:

MAKE:

YEAR:

SERIAL #:

LENGTH:

VALUE: \$

DINGHY MOTOR:

MAKE:

YEAR:

SERIAL #:

HP:

VALUE: \$

TRAILER:

MAKE:

YEAR:

SERIAL #:

VALUE: \$

BOATHOUSE:

DIMENSIONS:

YEAR:

LOCATION:

VALUE: \$

TOTAL VALUE: \$

ADDITIONAL PERSONAL EFFECTS: (Valued list required) LIMIT REQUESTED \$

LOSS PAYABLE (name & address):

LIABILITY LIMIT REQUESTED: \$100,000 \$300,000 \$500,000 \$1 Million LIST ALL OPERATORS OF THE VESSEL* (*Name, DOB, Yrs of Experience, % use, DL Number or indicate if no current DL) **AND**

LIST ALL AUTO MOVING TRAFFIC VIOLATIONS & AT FAULT ACCIDENTS PER OPERATOR* (*past 5 yrs, date of conviction/accident, describe)

DOES VESSEL HAVE ANY UNREPAIRED DAMAGE OR WAS IT PURCHASED AS SALVAGE? YES NO

WHERE IS BOAT MOORED?

WHERE IS BOAT LAID UP?

 ASHORE AFLOATIS BOAT PERMANENTLY MOORED ON A MOORING BUOY? YES NOIS VESSEL STORED INDOORS? YES NOTYPE OF VESSEL Sailboat Trawler Cruiser High Performance Houseboat Runabout Other (describe):DOES VESSEL HAVE: SLEEPING QUARTERS HEAD GALLEY RADAR GPS BUILT IN CO2 PRIVATE PLEASURE USE ONLY? YES NO (if no, describe):LIVE ABOARD: YES NOIS VESSEL OF FIBREGLASS CONSTRUCTION? YES NO SPECIFY:

DATE OF SURVEY:

NO. OF ENGINES:

 INBOARD OUTBOARD I/O JET

MAX.SPEED:

NAVIGATIONAL LIMITS REQUESTED:

HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED? YES NO REASON:

PREMIER MARINE - MARINE PLEASURECRAFT APPLICATION**FRAUD WARNING STATEMENT:**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: All statements and descriptions in an application for insurance by or on behalf of the insured, shall be deemed to be representations and not warranties. Misstatements, misrepresentations, omissions or concealment of facts are not fraudulent unless they are made with intent to knowingly defraud. Misstatements, misrepresentations, omissions or concealment of facts must be either fraudulent or material to the interests of the insurer in order for the insurer to assert a right to remedy. The insurer may deny a claim on the basis of misrepresentations, misstatements, omissions or concealments on the part of the insured that are material to the contract, relied upon by the insurer and material to the acceptance of the risk assumed or provided fraudulently. Any person who knowingly and with intent to defraud an insurance company may be subject to prosecution for insurance fraud.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PLEASE READ BEFORE SIGNING APPLICATION:

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. You agree that the statements made on this application are accurate and understand that any false or inaccurate information may render insurance coverage null and void from inception, or cancelled as permitted by state law. In certain states, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and/or denial of insurance benefits. You **also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. Please check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information may be sought in connection with this application for insurance or any renewal, extension or variation thereof.** Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. By signing below you also confirm that you have read and understood the Fraud Warning applicable to your state of residence:

SIGNATURE OF APPLICANT(S):

SIGNATURE OF APPLICANT(S):

SIGNATURE OF AGENT:

AGENT NAME / BRANCH:

DATE:

AGENT PHONE & FAX:

AGENT EMAIL:

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER.
THE COMPANY IN ITS SOLE JUDGEMENT MAY ELECT TO ACCEPT OR REJECT ANY APPLICATION.**